

Office of Human Resources

Name Change Packet

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| | W. A Inply if you wish to change your federal withholding) | . :. |
| · | o Residency Certification | |
| | o Retirement Vendor Information Change Form | |
| | Only complete the form for the vendor you have an account with | |
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| | All forms are available in the Office of Human Resources, St Thomas Hall room 100 | |
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SCRANTON, PENNSYLVANIA 18510-4668---(570) 941-7767-FAX: (570) 941-4636





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Data Change Form

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Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Date

| Department of the Tro Internal Revenue Se | easury ervice | Your withholding is subject to review by the IRS. | 2023 |
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Employers Only

Employer's name and And

Employee's signature (This form is not valid unless you signit.)

Form W-4 (2023)

Page 2

General Instructions

Section

Form W-4 (2023) Page **3**

Form W-4 (2023) Page **4**

| Married Filing Jointly or Qualifying Surviving Spouse | | | | | | | | | | | | | |
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HUMAN RESOURCES

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SGRANTON, PENNSYLVANIA 18510-4679
(570) 941-7767 • BAX: (570) 941-4636....